

Surveyor

REF: CS3 / ASM18010174 / AVB-1

Special Instruction:

ASSIGNMENT (Office)

From (Person): Heng Xinyi of Seah Ong Date/Time: 23.10.2018
 Estimated Cost: _____ Bill to: _____

HS: \$ 24500.00

Third Parties:

Claimant:

Surveyor: Constant AppraiserWorkshop: N-51 Automotive

OD/TP Re-inspection / (Evaluation)

To Inspect Vehicle No: SKC 3699T Insured: SKB 6018Rat Workshop m/s N-51 Automotive Tel: 6342 0051of 2 Kaki Bukit Ave 3 #01-17Policy No: _____ Claim No: 18-25368 PD-D

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 26.05.2018
(Client's Record)

H.O.D. Endorsement/Date: _____

Date/Time: _____ Person Contacted: _____ Vehicle IN / OUT

Date/Time: _____ Confirmed with _____ Final Fig _____, _____ days (Red \$ _____ / _____ %; Original 8 days)Date/Time: 17/1/19 Submit Final Fig LS 13,000, 8 days (Red \$ 11500 / 47 %; Original _____ days)

Date/Time	Action/Instruction
	SKC 3699T - CS3 / ASM18010174 / AVB-1
	SKB 6018R - CS / FCL1502225T / R1000

DA - 26.05.2018

DA - 24.12.15

RECEIVED 10 JAN 2019

Para(1) : Parts found not replaced (To highlight R or UB, LR, Etc)

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)

Para(3) : Nett Value

Market Value : _____

Salvage Value : _____

Nett Value : _____

Inspected/
Evaluated by:

Fee Charged:

 Basic & Add
 Transport
 Photos
 Others
 Total

Date:

1501501) Date/Time 18/1-typist File Pass to _____

3) Date/Time _____ File Pass to _____

5) Date/Time _____ File Pass to _____

2) Date/Time _____ File Return to _____

4) Date/Time _____ File Return to _____

6) Date/Time _____ File Return to _____

Surveyor

REF: CS3 / ASM18010174 / Avb-1

Special Instruction:

HS: \$ 24500.00

ASSIGNMENT (Office)

From (Person): Heng Xinyi of Seah Ung Date/Time: 23-10-2018
Estimated Cost: Bill to:

Third Parties:

Claimant:

Surveyor: Constant Appraiser

Workshop: N-51 Automotive

OD/TP Re-inspection / (Evaluation)

To Inspect Vehicle No: SKC 3699T Insured: SKB 6018R
at Workshop m/s N-51 Automotive Tel: 6342 0051
of 2 Kaki Bukit Ave 3 #01-17
Policy No: Claim No: 18-25368 PD-0
Sum Insured: Excess:
Make of Veh: D.O.A. 26 05 2018
(Client's Record)

H.O.D. Endorsement/Date:

Date/Time: Person Contacted: Vehicle IN / OUT
Date/Time: Confirmed with Final Fig days (Red \$ / %; Original 8 days)
Date/Time: 17/1/19 Submit Final Fig LS 13,000, 8 days (Red \$ 11500 / 47 %; Original days)

Date/Time	Action/Instruction
	SKC 3699T - CS3 / ASM18010174 / Avb-1
	SKB 6018R - CS / TEL 5022257 / (Rohr)
	DAI - 26 05 2018
	DAI 24/12/15
	RECEIVED 18 JAN 2019.

Para(1) : Parts found not replaced (To highlight R or UB, LR, Etc)

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)

Para(3) : Nett Value

Market Value :
Salvage Value :
Nett Value :

Inspected/
Evaluated by:

Fee Charged:

Basic & Add
Transport
Photos
Others
Total

Date:

190

150

- 1) Date/Time 18/1-typist File Pass to 2) Date/Time File Return to
3) Date/Time File Pass to 4) Date/Time File Return to
5) Date/Time File Pass to 6) Date/Time File Return to

Catherine Chong (LKK Auto)

From: Xin Yi <xinyi@seahong.com.sg>
Sent: Tuesday, 23 October, 2018 10:20 AM
To: 'Catherine Chong (LKK Auto)'
Cc: 'Chee Kiong'; samson@seahong.com.sg; amanda@seahong.com.sg
Subject: SKC 3699T [Our file ref: 18.25368 PD-O]

Dear Catherine,

CLAIMANT :	DIORRA MAI JUAN NING
VEHICLE NUMBER :	SKC 3699T
ALLEGED ACCIDENT DATE :	26.05.18
AXA VEHICLE NUMBER :	SKB 6028R

We act for AXA Insurance Pte Ltd for the above matter.

We understand that you were engaged to survey the claimant's vehicle.

The claimant has issued their LOD and their surveyor's report. Copies of the relevant documents can be downloaded via <https://1drv.ms/b/s!AtyQSg-oo66hh8AsGxVoeoy6wh3IDg>.

Please let us hear from you on the following: -

- a. If you have conducted post-repair inspection already, please let us have your survey report urgently.
- b. If you have not conducted post-repair inspection, please arrange for inspection with the claimant's solicitor and let us have your survey report in due course.

May we hear from you on the above soonest.

Thanks & Best Regards

Heng Xinyi

(Secretary to Mr Tan Chee Kiong)

Seah Ong & Partners LLP

36 Robinson Road

#12-03 City House

Singapore 068877

Tel: 6536 5369

Fax: 6536 5811

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Smart Claim

Form 1 (Rev 2018)

REF: CS3/ACMI8010174/A24624

Special Instruction:

ASSIGNMENT (Office)

Smart Claim
From (Person)

Chen Kian Onn

ASM

Date/Time: 05062018

Estimated Cost:

Bill to:

OD / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle for:

SKC 3699T

Insured:

SKB 6028 R

at Workshop no:

N-51 Automotiva

Tel:

6842 0051

at

2 Kaki Bukit Ave 2 #01-17

Policy No:

Claim No:

S8MD0309

Sum Insured:

Excess:

Make of Veh:

if Ben's Record:

DOA

26052018

CA / REV / REP / REV 24 HRS 'wp'

Date/Time: 05062018 201pm

Person's initial:

Hui Xin

HOID: Falsified

Vehicle: INT (G11)

Date/Time:

Accompanied by: X 3 (4 people)

ONE WILL - 100% (100% / 100% / 100% / 100%)

ONE WILL

ONE WILL - 100% (100% / 100% / 100% / 100%)

ONE WILL

19/6/18

Disassembled

25/6/18

after repair

REF: ASM (AXA)

ASSIGNMENT

From: Date: 18/06/2018

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: SKC 3699 T
at Workshop m/s N-51 Automotive
of 2 kaki Bukit Ave 2 # 01-17

Insured:

Policy No:

Claims No:

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal or Market Value:

IDAC Accident Report Consistent? Yes or No

GIA / PR Seen Consistent? Yes or No

Est. Repair: days Res: Yes or No

Lump Sum: % 3 Val: Yes or No

CA / REV / REP. / 24 HRS ^{lup}

Date

Person Contacted

Vehicle IN / OUT

Date / Time

Action / Instruction

TP AXA.

MV: 75K
PV: 633K
Nett: 11TK

21/6/18 Submit PRS Report.

Copy/Ret: File Pass to:

☐

Proti. Report

to:

☐

Final Report

Date/Time: File Return to:

Report Format:

Lump Sum / I.B. 1:2

Veh No

SKC 3699 T

Yr Regn 2012 Sept

Type: MC / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make

Volvo XC60

cc 1999

Colour

Bronze

A/C

Insured / Std / NI / NA

Sp Reading

154750

T/Radio

Insured / Std / NI / NA

Eng/No:

C/No

YVID2475BC2341899

Gen. Cond

Good / Fair / Poor / Burnt

Steering

Inorder / Jammed / Leaked / Burnt or

Brake

Inorder / Jammed / Leaked / Burnt or

Mod

NI / S/Rim / STD A/Rim or

Tyre Size:

F: 235/60 R18

R: 235/60 R18

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal

06

mm

R/Bal

06

mm

L/Bal

06

mm

L/Bal

06

mm

D.O.A.

D.O.I

18/06/18 @ 01:59pm

Survey held at:

N51

Des. of Damages

Frt / Rear / O/S /

N/S /

U/C /

Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

E + R + T + G

Phone

Other

TOTAL

Add Fee:

☐

Site Insp: \$

☐

Interview: \$

☐

Tech Insp: \$

☐

Workshop: \$

CLR 61136

100

100

VISION LAW LLC

Advocates & Solicitors - Notaries Public - Commissioners for Oaths
(Incorporated with limited liability)

9019539135 - - -

ERIC NG CHING BOON
WONG KENG LEONG RAYNEY
AUDREY WONG SU-HSIEN
PAUL YAP TAI SAN
ANJALI D/O MUNIANDY
SEGA PARAM
ANG KIM NOI DIANE
RAVENDRA KRISHNASAMY
JANICE HAN JIA LIN
TAN YINGXIAN, SELWYN
CHEONG YUNHUI, CLARISSA
EDISON TAM CHYI EU

Unique Entity Number: 200721148H



Head Office: 133 New Bridge Road
#18-01/02 Chinatown Point
Singapore 059413

Branch: 490 Lorong 6 Toa Payoh
#03-11 HDB Hub (Biz 3 Lobby 1)
Singapore 310490

Main

TEL : +65 6534 2811 (Hunting)
FAX : +65 6535 6802
E-MAIL : annatan@visionlawllc.com

Branch

TEL : +65 63580703

WHEN REPLYING, PLEASE QUOTE OUR REFERENCE - Please to **HEAD OFFICE** for this matter

Our Ref : AKN-atv-Ins-N63-108025-18
Your Ref : SKB 6028 R

60115260

Date: 17 October 2018

WITHOUT PREJUDICE
BY HAND

AXA INSURANCE SINGAPORE PTE LTD

8 Shenton Way
#27-01 AXA Tower
Singapore 068811

Attn: Motor Claims Department

MD HANIF SUJA

Apt Blk 406 Bukit Batok West Avenue 7
#14-40
Singapore 650406

CERTIFICATE OF POSTING
[For your information only]

Dear Sir,

CLAIMANT : DIORRA MAI JUAN NING

ACCIDENT INVOLVING SKC 3699 T & SKB 6028 R ON 26-MAY-2018 ALONG MARINA BOULEVARD TOWARDS SHEARES AVENUE AT ABOUT 1110HOURS

We are instructed by the above named to claim damages against you/your insured in connection with a road traffic accident on **26-MAY-2018 ALONG MARINA BOULEVARD TOWARDS SHEARES AVENUE AT ABOUT 1110HOURS** involving our client's vehicle registration number **SKC 3699 T** and vehicle registration number **SKB 6028 R** driven by you/your insured at the material time.

We are instructed that the accident was caused by you/your insured's negligent driving and /or management of your/your insured vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:-

01.	Cost of Repair	\$26,215.00
02.	Rental fees	\$ 2,400.00
03.	2 days loss of use for pre repair	\$ 300.00
04.	Survey report fees	\$ 1,276.00
05.	GIA & LTA search / report fees	\$ 43.98
06.	Cost Contribution (at this stage)	\$ 1,605.00
07.	Disbursements (at this stage)	\$ 50.00

TOTAL \$31,889.98



.../2 to be continued next page

CONFIDENTIALITY

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Our Ref : AKN-atv-Ins-N63+108025-18
Your Ref : SKB 6028 R

Date: 17 October 2018

AXA INSURANCE SINGAPORE PTE LTD

8 Shenton Way
#27-01 AXA Tower
Singapore 068811

Attn: Motor Claims Department

MD HANIF SUJA

Apt Blk 406 Bukit Batok West Avenue 7
#14-40
Singapore 650406

We enclose a copy of each of the following documents for your consideration:-

- (a) GIA report lodged by driver of SKC 3699 T;
 - (b) Video footage of accident;
 - (c) LTANet Search;
 - (d) Certificate of Insurance;
 - (e) Registration Card;
 - (f) Rental agreement, rental invoice & rental receipt;
 - (g) Final Repair Bill;
 - (h) Surveyor's report & invoice; and
 - (i) **151 Coloured photographs** depicting the damages to motor vehicle SKC 3699 T.
- (P.S:- Original photographs will be sent to insurance co. only)

The demand herein is in respect of our client's claim for damages pertaining to his motor vehicle and any settlement following or subsequent to this demand shall not prejudice our client's claim in respect of damages and consequential loss in relation to his personal injuries.

Please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurer.

Please note that you or your insurer should send to us an acknowledgement of receipt of this letter within 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer. Our client's claim herein is quantified based on supporting documents in our file. Until a settlement is reached, all negotiations are conducted on the basis that the damages quantified herein are subject to revision if so instructed by our client.

Please also note that if you have a counterclaim against our client arising out of the accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter.

Yours faithfully



(HEAD OFFICE)

Enc.

cc: client: Diorra Mai Juan Ning

As per your instruction we have submitted your claim as set out above to the third party insurance company. Please do notify us if there is any discrepancy, if any, particularly, the number of days claimed for rental charges and/or loss of use as soon as possible. Thank you.



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 04 Jun 2018 / 16:39:12

Receipt Date/Time : 04 Jun 2018 / 16:39:12

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180604-001964

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
	Result of Insurance Enquiry - SKB6028R As at 26 May 2018/11:10:00 Insurance Co: AXA INSURANCE PTE LTD			
1	Insurance Enquiry - SKB6028R Enquiry Fee 20180604163836037475	7.00	0.49	7.49
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45
	Paid By			
	xxxxxxxxxxxx2392 Credit Card: Visa/MasterCard			7.45
	Total			7.45
	Cash Change			0.00
	Tendered Amount			7.45
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

Enquire Vehicle & Owner Information (Vehicle No. SKB6028R As At 26 May 2018 / 11:10:00)

Search Reason: Insurance claim in relation to traffic accident
Law Firm Case No.: N63-108025-18

Owner ID Type: Singapore NRIC
Owner ID: S2762223B
Owner Name: MD HANIF SUJA

Registered Address Type: HDB / HUDC

Registered Block/House No: 406

Registered Street Name: BUKIT BATOK WEST AVENUE 7

Registered Unit No.: # 14 - 40

Registered Building Name: -

Registered Postal Code: 650406

Vehicle No.: SKB6028R

Make Description/Model: HONDA / CRV 2.0L SAT SUNROOF

Insurance Company Name: AXA INSURANCE PTE LTD



THANK YOU

Ng Ching Boon Eric has successfully logged out.

Your last login date and time was 16 Oct 2018, 18:15:00.

To return to ONE.MOTORING, please [click here](#)

For security reasons, please **CLEAR YOUR CACHE** after each session.

Session Transaction History

S/No.	Asset Type	Asset ID	Asset Owner ID	Transaction Type	Transaction Amount(\$\$)	Log Date/Time
1	Vehicle	SKB6028R -		18.19 Enquire Veh Owner Info (Others) by Law Firm	7.49	16 Oct 2018 / 18:15:00

> Back to OneMotoring

1 Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 5158A

Vehicle Details

Vehicle No.: SKC3699T
Vehicle to be Exported: No
Intended De-registration Date: 04 Jun 2018
Vehicle Make: VOLVO
Vehicle Model: XC60 T5 2.0 AT ABS D/AB 2WD 5DR TURBO
Primary Colour: Brown
Manufacturing Year: 2012
Engine No.: B4204T71092041
Chassis No.: YV1DZ4758C2341899
Maximum Power Output: 177.0 kW (237 bhp)
Open Market Value: \$41,861.00
Original Registration Date: 17 Sep 2012
First Registration Date: 17 Sep 2012
Transfer Count: 1
Actual ARF Paid: \$41,861.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 16 Sep 2022
PARF Rebate Amount: \$29,302.00

Intended COE Rebate Details

COE Expiry Date: 16 Sep 2022
COE Category: B - Car (1601cc & above)
COE Period(Years): 10
QP Paid: \$80,191.00
COE Rebate Amount: \$34,348.00
Total Rebate Amount: \$63,650.00

The information contained herein is correct as at 04 Jun 2018

OK

TWINCAR RENTAL

Business Registration Number : 53092815M

Blk 2 Kaki Bukit Avenue 2 #01-17 Kaki Bukit Autohub, Singapore 417921

Tel: 68420051 Fax : 67410510 email: sales@n51.com.sg

Invoice To :

DIORRA MAI JUAN NING
380F PASIR PANJANG ROAD
SINGAPORE 117428

INVOICE

Invoice No. 13-2237

Date 26/6/2018

[illegible]

TWINCAR RENTAL



Authorised Signature



VHA No: 71735

SKC 36997

ROC NO. 53092815M

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULAR

Name: (as in I/C) DIOBRA MAI JUANING

NRIC/PASSPORT No: S 2115158A

Address (Res): 380F PASIR PANJANG RD
SINGAPORE 117428

Name & Address of Employer: _____

Occupation: _____ Driving Exp: _____

Driving Licence No: S2115158A D/L Type: Local / International

Pass Date: _____ Date of Birth: 30/04/1971

Tel: (O) _____ (R) _____ HP 8518 9028

ADDITIONAL DRIVER'S PARTICULARS

Name: (as in I/C) BIDON CHRISTOPHE JEAN

NRIC/PASSPORT No: S 2740092B

Address (Res): 380F PASIR PANJANG ROAD
SINGAPORE 117428

Driving Licence No: S2740092B D/L Type: Local / International

Pass Date: 12/02/2018 Date of Birth: 12/01/1962

Occupation: _____ Driving Exp: _____

Vehicle No: SSV 6301 H Replace Veh No: _____

Mileage Out: _____ Mileage Out: _____

Make & Model: TOYOTA WISH Auto / Manual
Group: _____

OUT: Date 14/06/2018 Time: 1700 HRS

HIRE/PERIOD EXPIRY _____

NON-WAIVER EXCESS : \$ _____

CHARGES

Daily @ \$ 200 per day 12 2400 00

Weekly @ \$ _____ per week

Monthly @ \$ _____ per month

Hours @ \$ _____ per hour

Others @ \$ _____

CDW @ \$ _____ per day/month

PAI @ \$ _____ per day/month

Delivery Service _____

SUB-TOTAL \$ _____

PETROL LEVEL

Out	E	1/4	1/2	3/4	F
In	E	1/4	1/2	3/4	F

EXTENSION

Collection Service _____

Misc. _____

TOTAL CHARGE \$ 2400 00

Rented out by: _____

Hirer's Signature _____

Addition Driver's Signature _____

VEHICLE CHECKLIST

INDICATE:
D - DENTS
S - SCRATCHES

A - ACCIDENTS



RIGHT

FRONT

TOP

LEFT

ACCESSORIES CHECK

<input type="checkbox"/> Ashtray	<input type="checkbox"/> Cig Lighter	<input type="checkbox"/> S/Tyre
<input type="checkbox"/> STD Tools	<input type="checkbox"/> Jack	<input type="checkbox"/> Hub Caps
<input type="checkbox"/> Radio / Cass	<input type="checkbox"/> CD	<input type="checkbox"/> Cartridges

I have read and agree to the terms & condition on both sides of this agreement. If I have presented a charge/credit card for payment, I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have given TWINCAR RENTAL in connection with this Agreement is true.

*** IMPORTANT**

- ONLY PERSONS ABOVE 23 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.
- ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER, AN ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
- THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY 1 ATF RFTI RM, AT THE RATE SHOWN PER HOUR ON ICD DAY, INCLUSIVE OF CDW/ AND/OR PAI WHERE APPLICABLE.
- IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY. IF THERE IS BODILY INJURIES, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.
- VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY. AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY TWINCAR RENTAL.

RETURN OF VEHICLE - THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVER" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL BE DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO TWINCAR RENTAL AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS	SIGNATURE OF HIRER/DRIVER
<u>26/06/2018</u>	<u>16:35 HRS</u>				

* Kaki Bukit AutoHub
2 Kaki Bukit Ave 2
#01-17 / #01-18 / Heavy Vehicle #01-08 / Spray Painting #02-27
Singapore 417921 Tel No. : +65 6842 0051 Fax No. : +65 6741 0510
E-Mail : sales@n51.com.sg
Company Reg. No. : 200616038C
GST Registration No. : 200616038C

DIORRA MAI JUAN NING
380F PASIR PANJANG ROAD
SINGAPORE 117428

Contact : 94878531, 85189628

TAX INVOICE

Date : 13/09/2018

Date in : 14/06/2018

Vehicle Num. : SKC3699T

Make/Model : VOLVO XC60 T5 2.0 AT ABS D/AB 2WD 5DR TURBO-2012

Chassis/Eng# : YV1DZ475BC2341899/B4204T71092041

Accident Date : 26/05/2018

Claim No : CLM14568

Reference : JUNE-05/2018

Policy No. : 1800017594 (16/03/2019)

LUMPSUM REPAIR BILL
AS PER SURVEYOR REPORT
REF : CAS/18-07/070 DATED 18/06/2018
BY CONSTANT APPRAISER SERVICES


Amount S\$

24,500.00

E. & O.E. Sub S\$: 24,500.00

Add GST (7 %) S\$: 1,715.00

Total Amount S\$: 26,215.00


for N-51 AUTOMOTIVE PTE LTD



bizSAFE₃

Constant Appraiser Services

Qualified Automobile Accident Damage Appraisers/Loss Adjusters

Blk 2 Rivervale Link, #09-02 Singapore 545040

Tel/Fax: 6886 1106 Mobile: 9007 5234

Email: constant_as@yahoo.com.sg

RCB No. 53138015K

INVOICE

To: Diorra Mai Juan Ning
c/o 2 Kaki Bukit Ave 2
#01-18 Kaki Bukit Autohub
Singapore 417921

Date : 24/07/2018

Invoice No : IV18-07070/CAS

Particulars	Amount
Fee For Services Rendered In Respect Of: Surveying, Adjusting, and Re-inspection Of Accident Damaged Vehicle SKC 3699T (Inclusive Of Photographs And Transport Charges) Our reference : CAS/18-07/070	\$1,276.00
Total	\$1,276.00

E. & O.E

Constant Appraiser Services



Cheque Should Be Crossed And Made Payment To 'Constant Appraiser Services'

Constant Appraiser Services

Qualified Automobile Accident Damage Appraisers/Loss Adjusters

Blk 2 Rivervale Link, #09-02 Singapore 545040

Tel/Fax: 6886 1106 Mobile: 9007 5234

Email: constant_as@yahoo.com.sg

RCB No. 53138015K

Automobile Inspection Report

To: Diorra Mai Juan Ning
c/o 2 Kaki Bukit Ave 2
#01-18 Kaki Bukit Autohub
Singapore 417921

Date : 24/07/2018

Reference No : CAS/18-07/070

General Information

Registration No. : SKC 3699T
Accident Date : 26/05/2018

Particulars of Damaged Vehicle

Colour	: Brown	Make & Model	: Volvo XC60 T5
Engine Capacity	: 1999 cc	Pre-Accident Condition	: Good
Mileage (KM)	: 154750	Engine No.	: B4204T71092041
Chassis No.	: YV1DZ475BC2341899	Steering	: In Order
Registration Date	: 17/09/2012	Brake	: In Order

Tyre Condition

	Size	Make	Balance
R/H Front Tyre	235/60R18	MICHELIN	90%
L/H Front Tyre	235/60R18	MICHELIN	90%
R/H Rear Tyre	235/60R18	MICHELIN	90%
L/H Rear Tyre	235/60R18	MICHELIN	90%

Inspection

Repairer : N-51 Automotive Pte Ltd
2 Kaki Bukit Ave 2, #01-18 Kaki Bukit Autohub, Singapore 417921

Adjustment And Recommendation Cost Of Repair

Repairer's Estimate : \$30,606.22
Revised Amount : \$24,500.00
Less Excess : -
Nett Total : \$24,500.00

Remarks

- (A) Survey was done on 18/06/2018
- (B) Re-survey was done on 19/06/2018
- (C) Re-survey after repair was done on 25/06/2018
- (D) The survey was conducted entirely on WITHOUT PREJUDICE basis.
- (E) We have NOT given any instruction to authorize the repair of the vehicle.

NOTE: The revised estimate was made from a visual inspection. Should there be any discrepancy or unseen damage/item in this survey, kindly notified the company within 7 (seven) days from the date hereof. Otherwise, the revised amount shall be deemed to be valid.

Adjustment On Repair Costs And Replacement Of Parts:

S/No	Qty	Descriptions	Assessed Condition	Estimate by Workshop (\$)	Revised Amount (\$)
<u>PARTS REPLACEMENT - LIST ITEMS</u>					
1	1pc	Front LH door	Dented/Warped	2,170.80	✓ 2,170.80
2	1pc	Front LH door glass channel	Deformed	213.50	+ 213.50
3	1pc	Front LH door glass regulator	Bent/Jammed	468.27	+ 468.27
4	1pc	Front LH door glass regulator board	Broken	240.86	+ 240.86
5	1pc	Front LH door glass regulator motor	Damaged	346.39	+ 346.39
6	1pc	Front LH door inner moulding	Twisted	83.93	+ 83.93
7	1pc	Front LH door inner trim board	Broken	1,789.97	✓ 1,789.97
8	1pc	Front LH door mechanism lock	Bent/Jammed	950.56	✓ 950.56
9	1pc	Front LH door mechanism lock bracket	Broken	353.32	+ 353.32
10	1pc	Front LH door mirror	Grazed/Broken	915.10	+ 915.10
11	1pc	Front LH door mirror cover	Grazed/Cracked	369.43	+ 369.43
12	1pc	Front LH door mirror lamp	Grazed/Cracked	136.67	+ 136.67
13	1pc	Front LH door module control unit	Damaged	999.62	+ 999.62
14	1pc	Front LH door outer handle	Serviceable	511.50	+ -
15	1pc	Front LH door outer handle bracket	Broken	41.19	+ 41.19
16	1pc	Front LH door outer handle cover	Broken	22.88	+ 22.88
17	1pc	Front LH door outer handle cover gasket seal	Necessary	14.19	+ 14.19
18	1pc	Front LH door outer handle gasket seal	Necessary	10.89	+ 10.89
19	1pc	Front LH door outer moulding	Twisted	356.01	+ 356.01
20	1pc	Front LH door protector	Grazed	257.56	✓ 257.56
21	1pc	Front LH door upper rubber seal	Necessary	299.75	✓ 299.75
22	1pc	Front LH door vertical garnish	Necessary	117.64	✓ 117.64
23	1pc	Front LH door vertical rubber seal	Necessary	128.86	✓ 128.86
24	1pc	LH side rocker panel	Dented	1,900.58	+ 1,900.58
25	1pc	LH side rocker panel garnish	Dented/Deformed	934.28	✓ 934.28
26	1pc	LH side rocker panel garnish rubber moulding	Necessary	431.69	✓ 431.69
27	1pc	Rear LH door	Dented/Warped	2,036.04	✓ 2,036.04
28	1pc	Rear LH door glass regulator	Bent	711.81	✓ 711.81
29	1pc	Rear LH door glass regulator board	Broken	240.88	+ 240.88
30	1pc	Rear LH door glass regulator motor	Damaged	484.60	✓ 484.60
31	2pcs	Rear LH door hinges (top & lower) @ \$210.57	Bent	421.14	210.57 ✓ 421.14
32	1pc	Rear LH door inner moulding	Twisted	83.93	✓ 83.93
33	1pc	Rear LH door inner trim board	Broken	1,676.84	✓ 1,676.84

S/No	Qty	Descriptions	Assessed Condition	Estimate by Workshop (\$)	Revised Amount (\$)
<u>PARTS REPLACEMENT - LIST ITEMS (CONT'D)</u>					
34	1pc	Rear LH door mechanism lock <i>Not New</i>	Bent/Jammed	950.56	+ 950.56
35	1pc	Rear LH door mechanism lock bracket	Serviceable	46.58	+
36	1pc	Rear LH door module control unit <i>Not New</i>	Damaged	999.62	+ 999.62
37	1pc	Rear LH door outer handle	Serviceable	511.50	+
38	1pc	Rear LH door outer handle bracket	Broken	224.12	+ 224.12
39	1pc	Rear LH door outer handle cover <i>Not New</i>	Broken	22.88	+ 22.88
40	1pc	Rear LH door outer handle cover gasket seal	Necessary	14.19	+ 14.19
41	1pc	Rear LH door outer handle gasket seal	Necessary	5.50	+ 5.50
42	1pc	Rear LH door outer moulding <i>Not New</i>	Twisted	356.01	+ 356.01
43	1pc	Rear LH door protector	Grazed	257.56	✓ 257.56
44	1pc	Rear LH door upper rubber seal	Necessary	284.02	✓ 284.02
45	1pc	Rear LH door vertical garnish (no:1)	Necessary	284.84	✓ 284.84
46	1pc	Rear LH door vertical garnish (no:2)	Necessary	284.84	✓ 284.84
47	1pc	Rear LH door vertical rubber seal	Necessary	284.84	✓ 284.84
48	1pc	Rear LH door weather strip <i>13979-48</i>	Necessary	298.48	✓ 298.48
		<i>1328050</i>	Sub total	24,546.22	23,476.64
<u>PARTS REPLACEMENT - SPECIAL NETT ITEMS</u>					
1	1set	Front LH door inner trim board clips - set	Necessary	30.00	✓ 30.00
2	1pc	Front LH door inner trim board leather cover <i>Not New</i>	Necessary	300.00	× 300.00
3	1set	Front LH door protector clips - set	Necessary	30.00	✓ 30.00
4	1pc	Front LH door speaker	Broken	180.00	180 180.00
5	1set	Front LH door vertical garnish clips - set	Necessary	30.00	✓ 30.00
6	1set	LH side center pillar inner trim garnish clips - set	Necessary	100.00	× 100.00
7	1set	LH side rocker panel garnish clips - set	Necessary	50.00	30 50.00
8	1set	Rear LH door inner trim board clips - set	Necessary	50.00	30 50.00
9	1pc	Rear LH door inner trim board leather cover	Necessary	300.00	× 300.00
10	1set	Rear LH door protector clips - set	Necessary	30.00	✓ 30.00
11	1pc	Rear LH door speaker	Broken	180.00	180 180.00
12	1set	Rear LH door vertical garnish (no:1) clips - set	Necessary	30.00	10 30.00
13	1set	Rear LH door vertical garnish (no:2) clips - set	Necessary	30.00	10 30.00
		Sub total		25,886.22	24,816.64

S/No	Qty	Descriptions	Assessed Condition	Estimate by Workshop (\$)	Revised Amount (\$)
		<u>LABOUR & MISC. CHARGES</u>			
1		To reset system after repair works		500.00	150 380.00
2		To remove, reinstall window glass. (to FR)		200.00	80 160.00
3		To remove, reinstall roof top trim upholstery, cushion seat, trim garnish, trim liner carpet. (to FR)		200.00	60 120.00
4		To transfer door glass, regulator gear, motor, railing, channel, trim board, mechanism lock and handle		200.00	80 180.00
5		To re-spray painting on the change bodyparts, repair portion, and where consistent to the accident		1,900.00	1000 1,600.00
6		To provide labour, workmanship to change the above damaged bodyparts, repair, re-construct and re-align body structure, body alignments and damaged consistent to the accident	2370	1,600.00	1000 1,500.00
7		To apply anti-rust chemical on repaired and replaced panel		120.00	✓ 90.00
Grand total				33,606.22	28,846.64
Recommended cost of lump sum repair (To its pre-accident concition)					24,500.00

Adjustment/Recommendations

We have thoroughly inspected each and every item on the estimate against the physical damage found on the vehicle and we have listed the breakdown of our finding and our recommendation.

The repairer has agreed to undertake the job at a lump sum of **\$24,500.00** on a contractual basis. Under normal circumstances, the repair period would be about **8 (Eight)** working days.

Yours faithfully,
Constant Appraiser Services



Lim Yong Tian (Sebastian)
 Licensed Appraiser
 Adv. Dip. In Mechanical Engineering (AUS)
 MSAAA

total 16250.50

1/2 13K

08 Days

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	28/05/2018 18:02
Date Of Accident	28/05/2018 11:10
Exact Location Of Accident	MARINA BOULEVARD TOWARDS SHEARES AVE JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC3699T
Insured/Policyholder	
Name Of Registered Owner	DIORRA MAI JUAN NING
NRIC No	S7115158A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94878531
Alternative Phone No	OFFICE-94878531

Vehicle Particulars

Manufacturer	VOLVO
Model	XC60-2.0 T5 (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800017594
Cover Note Number	

Driver

Name of Driver	ALOYSIUS HANSEL TIAN XI
NRIC No	S9423342I
Date Of Birth	03/06/1994
Occupation	INDOOR
Date Of Driving Pass	03/09/2015
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85189628
Fax Number	
Contact Number	
Email Address	ALOYSIUSHTX@OUTLOOK.COM

Address	BLK 33 MARSILING DRIVE #02-361
Postcode	7300033
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO REPORT ATTACHED

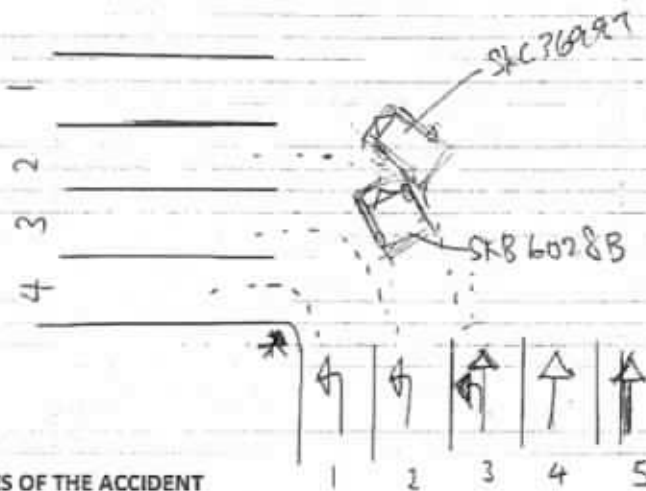
Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKB6028R
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MD HANIF SUJA
NRIC/Passport Number	S2762223B
Contact Number	96417663
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling on the 3rd lane from the left, turning on to Sheares Ave from Marina Boulevard halfway through the bend I was hit on the side by a car claiming to be turning left as well. It was a big junction with a wide side curb I was intending to turn into lane 1 of ~~the~~ Sheares Ave. ~~I~~ I stop my car immediately to take a look at the impact, then ~~the~~ the Driver of SKB6028B continued to move his car to the back of my car ~~so~~ so I was not able to take a photo of the actual point of impact.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 28/05/18

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Li 28/5/18

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 28/5/18

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



AIG Asia Pacific Insurance Pte. Ltd.
78 Shenton Way
#07-16
AIG Building
Singapore 079120
Co.Reg.No.201009404M

08 Mar 2018

Ms. DIORRA MAI JUAN NING
380F PASIR PANJANG ROAD
JULUCA
SINGAPORE 117428

Dear Ms. DIORRA MAI JUAN NING

AUTOPLUS PRIVATE VEHICLE Insurance Policy 1800017594
Period Of Insurance: 17 Mar 2018 - 16 Mar 2019 For Vehicle Registration No.SKC3699T

Thank you for placing your insurance policy with AIG Asia Pacific Insurance Pte. Ltd.

Your policy documents will be sent to you in a separate mail. A copy of the Proposal Form containing details of information disclosed and declared to us prior to the inception of your motor insurance cover ("Disclosed Information") is enclosed.

Please take note that this insurance cover is incepted on the basis of the Disclosed Information contained in the Proposal Form. You have an obligation to disclose all facts which you know or ought to know in the Proposal Form fully and faithfully. Any inaccuracy, discrepancy and/or omission may result in the policy being void or affect your rights at the time of claim. Please notify us in writing or call our Customer Care Centre at +65 6419 3000 (9am - 5pm, Mondays to Fridays, excluding public holidays) within 15 days from the date of this letter to advise us of any inaccuracy, discrepancy and/or omission in the Disclosed Information. If we do not hear from you within this period, the Disclosed Information shall be taken to have been verified by you as true and accurate and we shall rely on the Disclosed Information as the basis of this insurance cover.

Please also take note that it is a fundamental and absolute Special Condition of the insurance that the total premium due must be paid to us, or via our agent or broker on or before the inception of your insurance cover. Otherwise, the insurance cover shall not attach and no benefits whatsoever shall be payable by us.

This letter also confirms your undertaking to pay to us the shortfall in premium for your motor insurance within 14 working days from the date of our notification in the event the No Claim Discount disclosed by you in the Proposal Form is incorrect thereby resulting in the shortfall in the premium paid. Your policy will lapse automatically upon the exhaustion of the premium paid term in the event you fail to pay the premium within the above said period.

Once again, thank you for choosing AIG as your preferred insurer.

Yours sincerely

Bucha Manik
Head of Auto



COPY OF PROPOSAL FORM

AUTOPLUS PRIVATE VEHICLE

Statement pursuant to Section 25(5) of the Insurance Act (Cap. 142) (or any subsequent Amendments thereof). You are to disclose in this Proposal Form, fully and faithfully, all the facts which you know or ought to know in respect of the risk that is being proposed, otherwise, the policy hereunder may be void.

Quotation No. : 1800017594 V1

Producer Name : HUND

Issue Date : 08 Mar 2018

Producer Code : 0503052000

ABOUT THE POLICYHOLDER (FOR VEHICLE REGISTERED OWNER ONLY)

Name as in ID/ROC : DIORRA MAI JUAN NING

Address : 380F PASIR PANJANG ROAD
JULUCA
SINGAPORE 117428

ID/ROC No. : S7115158A

Nationality : Singaporean

Tel No. (Mobile) :

Tel No. (Office) :

Tel No. (Home) :

Email :

Is Policyholder driving the vehicle: No

Nature of Business : Executive/Admin

ABOUT THE PRIMARY DRIVER

Name as in ID : Jean Bidou Christopher

ID No. : S2740092B

Nationality : France

Gender : Male

Date of Birth : 17 Jan 1962

Marital Status : Married

Relationship to Policyholder : Spouse

Driving Experience : 21Yrs

Occupation : Executive/Admin

Name of Employer : -

1. Is your employment in the business of night entertainment/gambling establishment? (If yes, please provide details.)

☒ No☐ Yes

2. Do you have any physical disability or illness that may impair your driving? (If yes, please provide details.)

☒ No☐ Yes

3. If yes to Question 2, is there any doctor letter certifying you are fit to drive? (If yes, please attach supporting documents.)

☐ No☐ Yes

CLAIMS HISTORY (POLICYHOLDER / PRIMARY DRIVER)

At Fault Claim^{*} experience in last 3 years (If yes, please provide details below.)☒ No☐ Yes

No Claim Discount (NCD)% of Policyholder : 10%

If NCD is nil or 10% with no claims experience, please provide the reason: Others (to specify)

Previous Insurer :

Previous Vehicle No./Policy No.:

* At Fault Claim refer to claims which result in the reduction of the No Claim Discount (NCD) (including claims where NCD is not affected only due to the NCD Protector benefit).

REVOKED AND SUSPENDED LICENCE OF PRIMARY DRIVER

Has your driving licence been revoked/suspended in the last 10 years? (If yes, please provide details.) ☒ No ☐ Yes

Date Revoked/Suspended :

Duration of Revocation/Suspension of Licence :

Reason :

Alcohol Limit (in case of drunk driving) : mg/breath or mg/blood

Driving experience before the licence was revoked/suspended :

Any accident leading to licence being revoked/suspended : NCD % before the licence was revoked/suspended :

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S94233421



Name
ALOYSIUS HANSEL TIAN XI
陈 熙
Race
CHINESE
Date of birth
03-06-1994 Sex M
Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S94233421

Name
ALOYSIUS HANSEL TIAN XI

Birth Date: 03 Jun 1994
Issue Date: 03 Sep 2015

0002468296C

SG 50



NRIC No. S94233421



Date of expiry
05-06-2009

Address
APT BLK 33 MARSLING DRIVE
#02-351
SINGAPORE 730033

***10003

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars ≤ 3000 kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500 kg

NP 439A



Licence No. S94233421

I, Diorra Mai Juan Ning of NRIC S7115158A hereby authorize Mr Aloysius Hansel Tian Xi NRIC S9423342i to file the accident report happened on 26 May 2018. Car plate number: SKC3699T, model: Volvo XC60

Thank you

Rds

A handwritten signature in black ink, appearing to be 'Diorra Mai', written over a horizontal line.

Diorra Mai

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



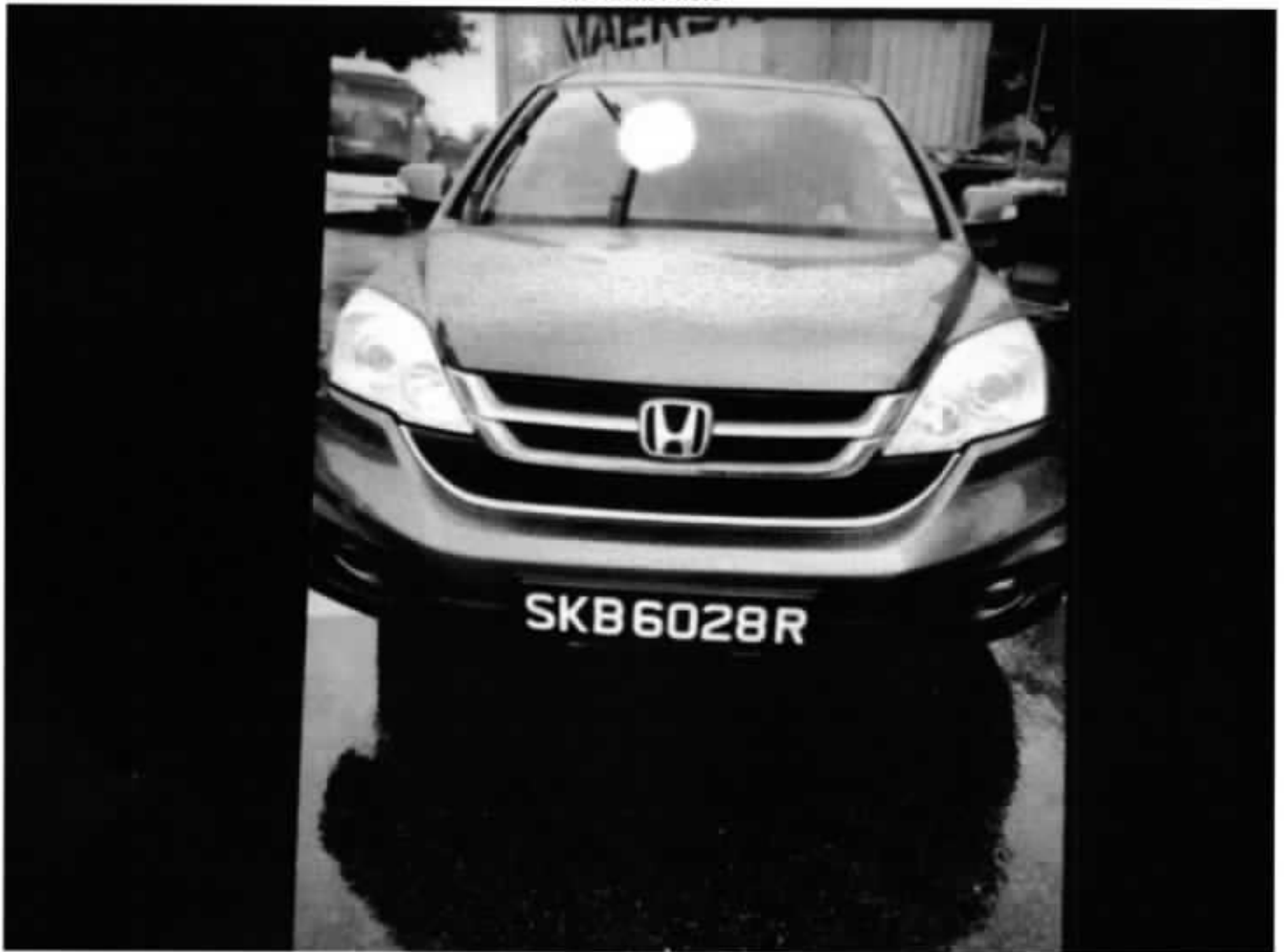
Accident Photo



Accident Photo



Accident Photo



Accident Photo





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S663500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MCDS18069582 Vehicle Registration No: SKC3099T
Name (as shown in NRIC) : ANDRIUS HANDELTON X1 NRIC/FIN/Passport No : 80473342I
(Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 32 MARLIN DRIVE #02-361, S730037 Singapore (730037)
Contact (Tel) : 85184628 Mobile No. : _____
Email Address : ANDRIUS.HTX@outlook.com
Date of Accident : 26/05/2018 Time of Accident : 11:10
Place of Accident : ~~SHEARER AVE~~ towards Marina Boulevard towards Shearer Ave
Insurance Company : AIG ASIA Pacific Insurance PTE. LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To amend Reporting to Claiming Third Party
To add in Statement, I believe the driver was intending to go straight
as after the accident I went out of the car the driver asked
me why did I turn in a hurry, after I showed him that my lane
was a optional lane he change topic to say that I cut into his lane.
have attached a video from insurance from the other party car camera.

Policyholder / Driver's Signature

Date: 04/06/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GI& Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	28/05/2018 19:37
Date Of Accident	26/05/2018 11:25
Exact Location Of Accident	MARINA BOULEVARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB6028R
Insured/Policyholder	
Name Of Registered Owner	MD HANIF SUJA
NRIC No	S2762223B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96417663
Alternative Phone No	OFFICE-96417663

Vehicle Particulars

Manufacturer	HONDA
Model	CR-V-2.4 (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPA/P1070386
Cover Note Number	

Driver

Name of Driver	MD HANIF SUJA
NRIC No	S2762223B
Date Of Birth	10/11/1962
Occupation	INDOOR
Date Of Driving Pass	26/05/2009
Driving Experience	9 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96417663
Fax Number	
Contact Number	OFFICE-96417663
Email Address	NOEMAIL

Address	SINGAPORE
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	5
Passenger 1	NAME: : SOHEL GENDER: : MALE
Passenger 2	NAME: : TAZIRIN GENDER: : FEMALE
Passenger 3	NAME: : TASNIM GENDER: : FEMALE
Passenger 4	NAME: : TISA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKC3699T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

Vehicle No _____

SKETCH PLAN

Annex B

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

B. Consent under the Personal Data Protection Act (PDPA)

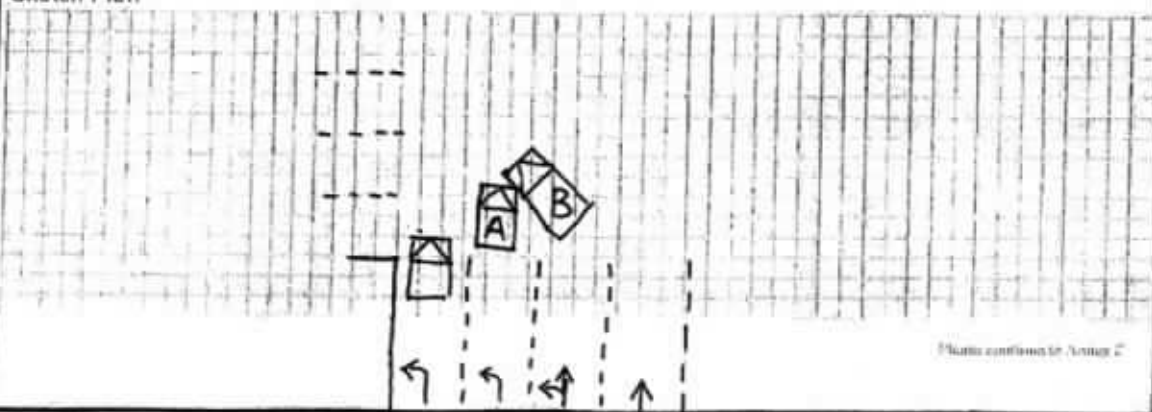
I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers") the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
 (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.




Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

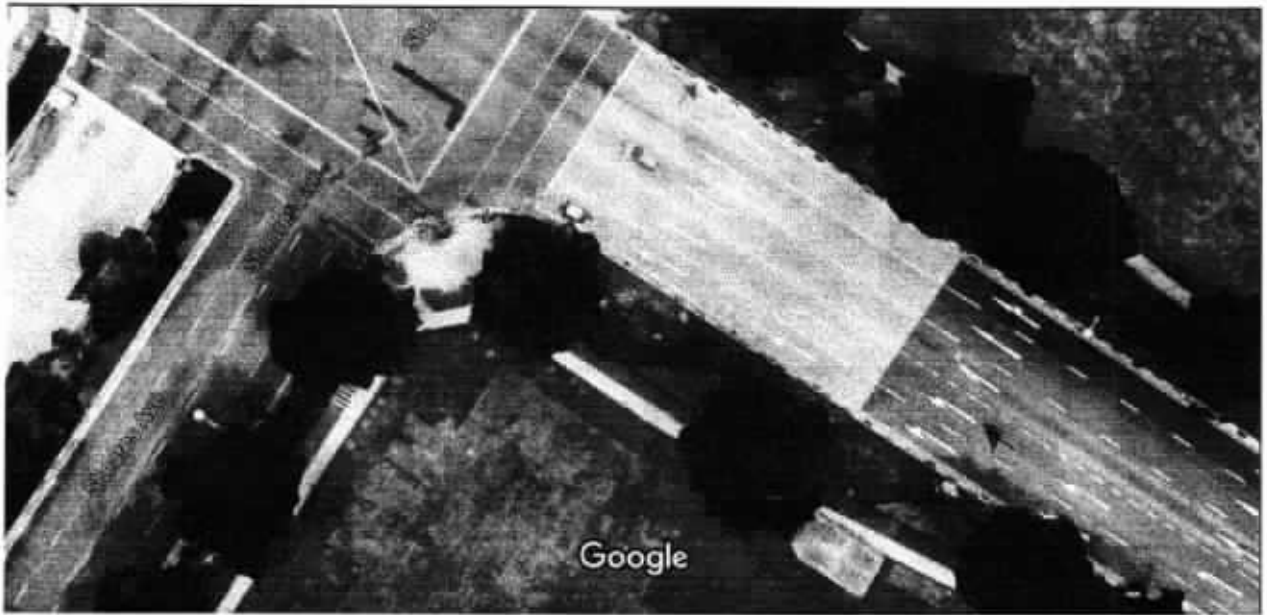
Witnessed by Reporting Centre Personnel

Sketch Plan

Sketch confirmed by Insurer C

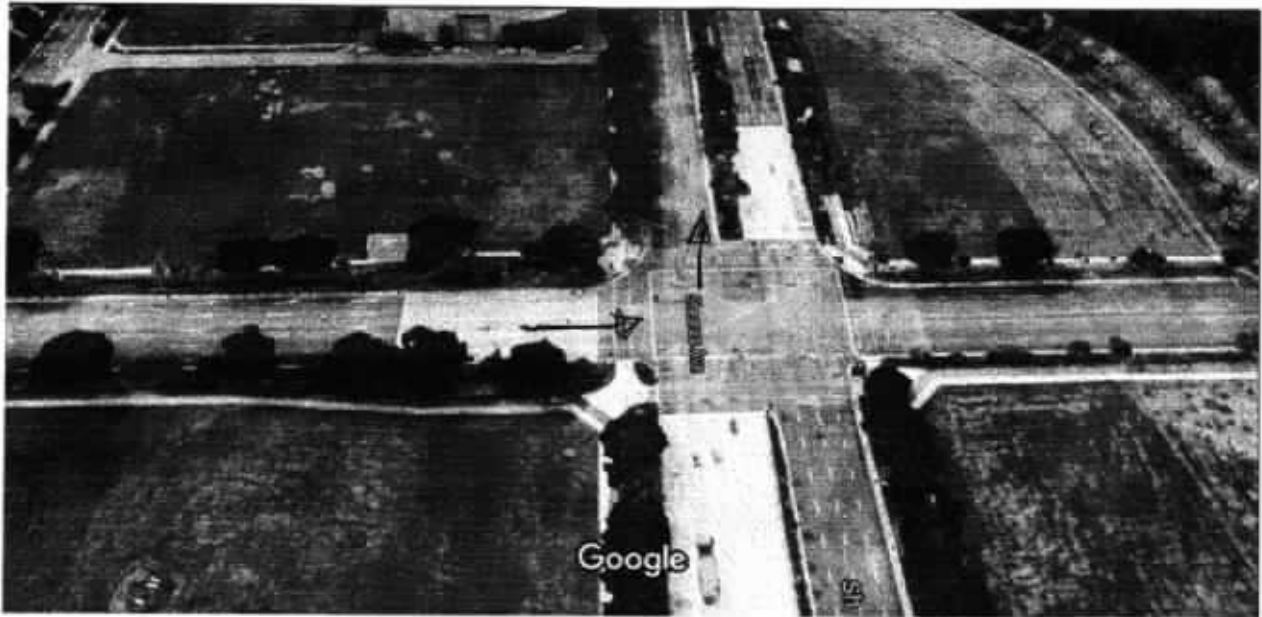
Vehicle No _____	Annex E
Describe Circumstances of the Accident <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> refer to attached. </div>	
<div style="border: 1px solid black; padding: 5px; width: 40%; float: left;"> You had been advised by the workshop that in the event that you wish to claim against your own policy (OD claim), there is a <u>fourteen (14) days clause</u> whereby the claim must be made within the stipulated timeframe from the day of occurrence. </div>	
Declaration We declare the foregoing particulars are true in every respect.	
 _____ Policyholder's Signature / Date & Time	 _____ Driver's Signature (If driver is not the policyholder) / Date & Time
 _____ Witnessed by Reporting Centre Personnel	

Google Maps



Imagery ©2018 Google, Map data ©2018 Google 10 m

Google Maps



Imagery ©2018 Google, Map data ©2018 Google 20 m

Report of Car Accident.

Date: 26/05/2018

While I was driving (my Car HONDA CRV SKB6028R) from Marina Blvd towards Shears Ave and taking left turn at the junction (about 11:23Hrs, 26th May 2018), at that time another Car (VOLVO SKC3699T) suddenly hit on my Front right side (near Right Front Wheel / Light & Bumper Area) as he took a stiff left turn with high speed and he damaged my car.

I was driving in 2nd Lane (from Left) and the involved car, I did not noticed in which lane he had been driving. All on a sudden, at the time of taking left turn, that car hit me inside the Yellow box while I was taking left turn. It was drizzling, yet the visibility was fair enough to notice.

However, no one was injured in the accident. Both the cars were in a condition to move to a secure parking area to assess the damages. Since, it was at traffic junction, to avoid the traffic jam, we (both drivers) decided to move to a suitable place to assess the damages and decide next course of action.

We drove to in front of Marina Bay Sands Hotel and called 999 to inform Police about the accident. What Police suggested over phone as there were no personal injury, it is better to settled among us.

We have taken pictures, exchanged necessary documents (Driving Licence, NRIC, Phone Numbers, etc) & left the place. I had called my Insurance AXA & Honda Car 24Hrs Services, since it was on Saturday noon (week end) they suggested to lodge the Accident Report on next working day, that is Monday 28th May.

Damages:

My Car SKB6028R

- Right Front Area, Bumper, Front Bumper (Part), other related area above Front Wheel & below Head Light.

Involved Car VOLVO SKC3699T

- Dented on the middle area of Left Side both Doors.
- Noticed there was an another damage on this Car (Right side Rear wheel upper side body), which is not from this accident.

Evidences & Records:

- (1) My Car Camera Video Frottage.
- (2) Spot Pictures & damage pictures
- (3) Both parties NRIC & Driving Licence Copy

Details of Involved Cars:

My Car:

HONDA CRV SKB6028R

Driver: MD HANIF SUJA

Owner: MD HANIF SUJA

NRIC: S2762223B

Driving Licence: S2762223B (Issue Date: 27th Jan 2014)

Address: Bukit Batok West Ave 7, Block-406, #14-40, Singapore 650406

Hp: 9641 7663, Res: 6650 5524

E-mail: mhsuja@gmail.com

Insurance Details:

Company: AXA Insurance Pte Ltd

Certificate No: VPA/P1070386

Coverage: Comprehensive

Period of Insurance: From 15/06/2017 to 14/06/2018 (both dates inclusive)

Involved Other Car:

VOLVO CRV SKC3699T

Driver: ALOYSIUS HANSEL TIAN XI

Car Owner:

NRIC: S94233421

Driving Licence: S94233421 (Issue Date: 3rd Sept 2015)

Address: APT BLK 33, Marsiling Drive, #02-361, Singapore 730033

Hp: 8518 9628, Res:

E-mail:

Insurance Details:

Company: AIG Asis Pacific Insurance Pte Ltd

78 Shenton Way, #07-16, AID Building, Spore 079120

Certificate No:

Coverage:

Period of Insurance: From to (both dates inclusive)

Accident Photo



Accident Photo



Accident Photo



Accident Photo





Your Ref: 18.25368 PD-O

Date: 18th Jan 2019

Our Ref: CS3/ASM18010174/Avbe2-1

M/s AXA Insurance Pte Ltd
C/O: Seah Ong & Partners LLP
36 Robinson Road
#12-03 City House
Singapore 068877
(The Motor Claims Department)

Dear Sir / Madam,

EVALUATION REPORT (PAPER SURVEY) OF ACCIDENT VEHICLE NO: SKC 3699T
INSURED VEHICLE: SKB 6028R
ACCIDENT DATE: 26/05/2018

We thank you for your instruction on 23/10/2018.

We acknowledge receipt of the following documents:-

- a) Automobile Inspection Report of SKC 3699T from M/s Constant Appraiser Services.
- b) Singapore Accident Statement of Vehicle SKC 3699T and SKB 6028R.
- c) Final Repair Bill of SKC 3699T from N-51 Automotive Pte Ltd.
- d) Colour damaged vehicle photographs of SKC 3699T.

Pre-Repair Inspection Date : 18/06/2018 at M/s N-51 Automotive Pte Ltd, 2 Kaki Bukit Ave 2
#01-17 Kaki Bukit Autohub, Singapore 417921.

Based on the documents received from you, we have evaluated the damages of the vehicle and have the following comments:-

1. Information Recorded: -

Registration Number	: SKC 3699T
Make & Model	: Volvo XC60 T5 2.0 AT ABS D/AB 2WD 5DR Turbo
Year of Registration	: 2012
Chassis Number	: YV1DZ475BC2341899
Engine Capacity	: 1999 cc

2. We recommend that the repairs of the entire damage require about 8 (Eight) working days to complete.
3. We hereby provide our recommendations on the cost of repair to the damaged vehicle as stated in the following page.



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKC 3699T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT LH DOOR	DENTED / WARPED	2,170.80	2,170.80
1	FRONT LH DOOR GLASS CHANNEL	NOT NECESSARY	213.50	-
1	FRONT LH DOOR GLASS REGULATOR	NOT NECESSARY	468.27	-
1	FRONT LH DOOR GLASS REGULATOR BOARD	NOT NECESSARY	240.86	-
1	FRONT LH DOOR GLASS REGULATOR MOTOR	NOT NECESSARY	346.39	-
1	FRONT LH DOOR INNER MOULDING	NOT NECESSARY	83.93	-
1	FRONT LH DOOR INNER TRIM BOARD	BROKEN	1,789.97	1,789.97
1	FRONT LH DOOR MECHANISM LOCK	BENT / JAMMED	950.56	950.56
1	FRONT LH DOOR MECHANISM LOCK BRACKET	NOT NECESSARY	353.32	-
1	FRONT LH DOOR MIRROR	NOT NECESSARY	915.10	-
1	FRONT LH DOOR MIRROR COVER	NOT NECESSARY	369.43	-
1	FRONT LH DOOR MIRROR LAMP	NOT NECESSARY	136.67	-
1	FRONT LH DOOR MODULE CONTROL UNIT	NOT NECESSARY	999.62	-
1	FRONT LH DOOR OUTER HANDLE	SERVICEABLE	511.50	-
1	FRONT LH DOOR OUTER HANDLE BRACKET	NOT NECESSARY	41.19	-
1	FRONT LH DOOR OUTER HANDLE COVER	NOT NECESSARY	22.88	-
1	FRONT LH DOOR OUTER HANDLE COVER GASKET SEAL	NOT NECESSARY	14.19	-
1	FRONT LH DOOR OUTER HANDLE GASKET SEAL	NOT NECESSARY	10.89	-
1	FRONT LH DOOR OUTER MOULDING	NOT NECESSARY	356.01	-
1	FRONT LH DOOR PROTECTOR	GRAZED	257.56	257.56
1	FRONT LH DOOR UPPER RUBBER SEAL	NECESSARY	299.75	299.75
1	FRONT LH DOOR VERTICAL GARNISH	NECESSARY	117.64	117.64
1	FRONT LH DOOR VERTICAL RUBBER SEAL	NECESSARY	128.86	128.86
1	LH SIDE ROCKER PANEL	TO REPAIR SEE LABOUR	1,900.58	-
1	LH SIDE ROCKER PANEL GARNISH	DENTED / DEFORMED	934.28	934.28
1	LH SIDE ROCKER PANEL GARNISH RUBBER MOULDING	NECESSARY	431.69	431.69
1	REAR LH DOOR	DENTED / WARPED	2,036.04	2,036.04
1	REAR LH DOOR GLASS REGULATOR	BENT	711.81	711.81
1	REAR LH DOOR GLASS REGULATOR BOARD	NOT NECESSARY	240.88	-

Report Ref No. CS3/ASM18010174/Avbe2-1



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR LH DOOR GLASS REGULATOR MOTOR	DAMAGED	484.60	484.60
2	REAR LH DOOR HINGES (TOP & LOWER) @\$210.57	BENT (1 PC ONLY)	421.14	210.57
1	REAR LH DOOR INNER MOULDING	TWISTED	83.93	83.93
1	REAR LH DOOR INNER TRIM BOARD	BROKEN	1,676.84	1,676.84
1	REAR LH DOOR MECHANISM LOCK	NOT NECESSARY	950.56	-
1	REAR LH DOOR MECHANISM LOCK BRACKET	SERVICEABLE	46.58	-
1	REAR LH DOOR MODULE CONTROL UNIT	NOT NECESSARY	999.62	-
1	REAR LH DOOR OUTER HANDLE	SERVICEABLE	511.50	-
1	REAR LH DOOR OUTER HANDLE BRACKET	NOT NECESSARY	224.12	-
1	REAR LH DOOR OUTER HANDLE COVER	NOT NECESSARY	22.88	-
1	REAR LH DOOR OUTER HANDLE COVER GASKET SEAL	NOT NECESSARY	14.19	-
1	REAR LH DOOR OUTER HANDLE GASKET SEAL	NOT NECESSARY	5.50	-
1	REAR LH DOOR OUTER MOULDING	NOT NECESSARY	356.01	-
1	REAR LH DOOR PROTECTOR	GRAZED	257.56	257.56
1	REAR LH DOOR UPPER RUBBER SEAL	NECESSARY	284.02	284.02
1	REAR LH DOOR VERTICAL GARNISH (NO: 1)	NECESSARY	284.84	284.84
1	REAR LH DOOR VERTICAL GARNISH (NO: 2)	NECESSARY	284.84	284.84
1	REAR LH DOOR VERTICAL RUBBER SEAL	NECESSARY	284.84	284.84
1	REAR LH DOOR WEATHER STRIP	NECESSARY	298.48	298.48
	LESS 5% DISCOUNT		-	-698.97
			24,546.22	13,280.51
	SPECIAL NETT ITEMS			
1	SET FRONT LH DOOR INNER TRIM BOARD CLIPS (SN)	NECESSARY	30.00	30.00
1	FRONT LH DOOR INNER TRIM BOARD LEATHER COVER (SN)	NOT NECESSARY	300.00	-
1	SET FRONT LH DOOR PROTECTOR CLIPS (SN)	NECESSARY	30.00	30.00
1	FRONT LH DOOR SPEAKER (SN)	BROKEN	180.00	150.00
1	SET FRONT LH DOOR VERTICAL GARNISH CLIPS (SN)	NECESSARY	30.00	30.00
1	SET LH SIDE CENTER PILLAR INNER TRIM GARNISH CLIPS (SN)	NOT NECESSARY	100.00	-
1	SET LH SIDE ROCKER PANEL GARNISH CLIPS (SN)	NECESSARY	50.00	30.00
1	SET REAR LH DOOR INNER TRIM BOARD CLIPS (SN)	NECESSARY	50.00	30.00
1	REAR LH DOOR INNER TRIM BOARD LEATHER COVER (SN)	NOT NECESSARY	300.00	-

Report Ref No. CS3/ASM18010174/Avbe2-1



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	SET REAR LH DOOR PROTECTOR CLIPS (SN)	NECESSARY	30.00	30.00
1	REAR LH DOOR SPEAKER (SN)	NECESSARY	180.00	150.00
1	SET REAR LH DOOR VERTICAL GARNISH (NO:1) CLIPS (SN)	NECESSARY	30.00	10.00
1	SET REAR LH DOOR VERTICAL GARNISH (NO:2) CLIPS (SN)	NECESSARY	30.00	10.00
			1,340.00	500.00
	LABOUR			
	TO RESET SYSTEM AFTER REPAIR WORKS.		500.00	150.00
	TO REMOVE,REINSTALL WINDOW GLASS (TO FR).		200.00	80.00
	TO REMOVE,REINSTALL ROOF TOP TRIM UPHOLSTERY,CUSHION SEAT,TRIM GARNISH,TRIM LINER CARPET (TO FR).		200.00	60.00
	TO TRANSFER DOOR GLASS,REGULATOR GEAR,MOTOR,RAILING,CHANNEL,TRIM BOARD,MECHANISM LOCK AND HANDLE.		200.00	80.00
	TO RE-SPRAY PAINTING ON THE CHANGE BODYPARTS,REPAIR PORTION,AND WHERE CONSISTENT TO THE ACCIDENT.		1,900.00	1,000.00
	TO PROVIDE LABOUR,WORKMANSHIP TO CHANGE THE ABOVE DAMAGED BODYPARTS,REPAIR,RE-CONSTRUCT AND RE-ALIGN BODY STRUCTURE,BODY ALIGNMENTS AND DAMAGED CONSISTENT TO THE ACCIDENT.INCLUSIVE OF THE REPAIR OF LH SIDE ROCKER PANEL.		1,600.00	1,000.00
	TO APPLY ANTI-RUST CHEMICAL ON REPAIRED AND REPLACED PANEL.		120.00	90.00
			4,720.00	2,460.00
GRAND TOTAL			30,606.22	16,240.51
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				13,000.00

Report Ref No. CS3/ASM18010174/Avbe2-1

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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